

**Fill in this information to identify the case:**

Debtor Name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number: \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 425C****Monthly Operating Report for Small Business Under Chapter 11****12/17**

Month: \_\_\_\_\_

Date report filed: \_\_\_\_\_

MM / DD / YYYY

Line of business: \_\_\_\_\_

NAISC code: \_\_\_\_\_

**In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.**

Responsible party: \_\_\_\_\_

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

| Yes | No | N/A |
|-----|----|-----|
|-----|----|-----|

**If you answer *No* to any of the questions in lines 1-9, attach an explanation and label it *Exhibit A*.**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answer *Yes* to any of the questions in lines 10-18, attach an explanation and label it *Exhibit B*.**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☐ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ \_\_\_\_\_

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ \_\_\_\_\_

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ \_\_\_\_\_

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ \_\_\_\_\_

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ \_\_\_\_\_

**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables***(Exhibit E)*

\$ \_\_\_\_\_

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ \_\_\_\_\_  
(*Exhibit F*)

**5. Employees**

26. What was the number of employees when the case was filed? \_\_\_\_\_  
27. What is the number of employees as of the date of this monthly report? \_\_\_\_\_

**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ \_\_\_\_\_  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ \_\_\_\_\_  
30. How much have you paid this month in other professional fees? \$ \_\_\_\_\_  
31. How much have you paid in total other professional fees since filing the case? \$ \_\_\_\_\_

**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

|  | Column A   |   | Column B                         |   | Column C                         |
|--|--|---|----------------------------------|---|----------------------------------|
|  | <b>Projected</b>                                   | — | <b>Actual</b>                    | = | <b>Difference</b>                |
|  | Copy lines 35-37 from the previous month's report. |   | Copy lines 20-22 of this report. |   | Subtract Column B from Column A. |
| 32. <b>Cash receipts</b>                                   | \$ _____   | — | \$ _____                         | = | \$ _____                         |
| 33. <b>Cash disbursements</b>                              | \$ _____   | — | \$ _____                         | = | \$ _____                         |
| 34. <b>Net cash flow</b>                                   | \$ _____   | — | \$ _____                         | = | \$ _____                         |
| 35. Total projected cash receipts for the next month:      |  |   |                                  |   | \$ _____                         |
| 36. Total projected cash disbursements for the next month: |  |   |                                  |   | - \$ _____                       |
| 37. Total projected net cash flow for the next month:      |  |   |                                  |   | = \$ _____                       |

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

## 8. Additional Information

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If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

**Fill in this information to identify the case:**Debtor Name Charles Littleton Fridge IIIUnited States Bankruptcy Court for the: Southern District of TexasCase number: 24-35056☐ Check if this is an amended filing**Official Form 425C****Monthly Operating Report for Small Business Under Chapter 11**

12/17

Month: January 2025Date report filed: 01/06/2025

MM / DD / YYYY

Line of business: Charles Littleton Fridge IIINAISC code: n/a

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Charles Littleton Fridge IIIOriginal signature of responsible party: /s/ Charles Littleton Fridge IIIPrinted name of responsible party: Charles Littleton Fridge III**Exhibit E**

| <b>Date Incurred</b> | <b>Owed To</b>              | <b>Purpose</b>       | <b>Due Date</b> | <b>Amount</b>      |
|----------------------|-----------------------------|----------------------|-----------------|--------------------|
| 9/1/2024             | Xavier Academy              | Child Tuition        | 1/5/2025        | \$3,476.50         |
| 2/1/2024             | Blue Cross                  | Health Insurance     | 1/15/2025       | \$3,209.00         |
| 7/1/2023             | BMO Bank                    | Boat Payment         | 1/5/2025        | \$1,891.54         |
| 9/22/2024            | Huntington Bank             | Son's Car Payment    | 1/22/2025       | \$886.23           |
| 9/1/2023             | Wells Fargo Bank            | Auto Payment         | 1/1/2025        | \$1,017.18         |
| 1/1/1996             | American Education Services | Student Loan         | 1/15/2025       | \$585.77           |
| 10/10/2023           | Frost Bank                  | Term Loan            | 1/10/2025       | \$4,231.97         |
| 2014                 | Plains Capital Bank         | HELOC Loan           | 1/6/2025        | \$6,858.07         |
| 2012                 | Plains Capital Bank         | Real Estate Mortgage | 1/12/2025       | \$2,308.84         |
| <b>TOTAL</b>         |                             |                      |                 | <b>\$24,465.10</b> |



# PlainsCapitalBank

PO BOX 271  
LUBBOCK TX 79408

Account Number XXXXXX8503  
Statement Date 01/18/2025  
Checks/Items Enclosed 3  
Page 1 of 3



00000528 TP10635S011825034238 01 000000000 2779 002

CHARLES L FRIDGE III  
DEBTOR IN POSSESSION, CASE# 24-35056  
(CHAPTER 11)  
1307 DENMAN RD  
HOUSTON TX 77019

## Customer Service Information

- Voice Banking**  
1-866-762-7782
- Customer Service:**  
1-866-762-8392
- Visit Us Online:**  
[www.plainscapital.com](http://www.plainscapital.com)

## Protecting Your Account - Avoid Fraud Scams

*PlainsCapital Bank will NEVER ask for your user name, passwords, account number, debit card number, PINs, or security/pass codes through unsolicited emails, phone calls, text messages, or pop-up windows. If PlainsCapital Bank contacts you about actual fraud on your account, we will only ask for limited account information for verification purposes to ensure we are speaking to the correct person. Furthermore, do not rely on Caller ID to verify whether an incoming call is from PlainsCapital Bank. If you are suspicious about a request for personal information or the legitimacy of an inbound phone call, hang up, call your local branch or PlainsCapital Bank customer service at 866.762.8392, and ask to be transferred to the fraud department.*

## TOTALACCESS ACCOUNT

Account Number: XXXXXX8503

### Balance Summary

|                                  |            |
|----------------------------------|------------|
| Beginning Balance as of 1/1/2000 | \$0.00     |
| + Deposits and Credits (4)       | 10,892.47  |
| - Withdrawals and Debits (3)     | 7,005.00   |
| Ending Balance as of 01/18/2025  | \$3,887.47 |
| Low Balance                      | 0.00       |
| Average Balance                  | 640.97     |
| Average Available Balance        | 640.00     |

### Transactions

| Date   | Description       | Debits | Credits | Balance |
|--------|-------------------|--------|---------|---------|
|        | BEGINNING BALANCE |        |         | 0.00    |
| Jan 14 | DEPOSIT           |        | 200.00  | 200.00  |



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PO BOX 271  
LUBBOCK TX 79408

Account Number  
Statement Date  
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### Transactions (Continued)

| Date   | Description   | Debits    | Credits  | Balance    |
|--------|---|-----------|----------|------------|
| Jan 15 | TRANSFER CREDIT<br>TRANSFER FROM DEPOSIT ACCOUNT XXXXXXXX9901 |           | 67.47    | 267.47     |
| Jan 15 | DEPOSIT   |           | 9,500.00 | 9,767.47   |
| Jan 16 | ACH DEBIT<br>Xavier Academy RETRY PYMT 250116                 | -3,526.50 |          | 6,240.97   |
| Jan 16 | ACH DEBIT<br>Xavier Academy FACTS 250116                      | -3,476.50 |          | 2,764.47   |
| Jan 17 | DEPOSIT   |           | 1,125.00 | 3,889.47   |
| Jan 18 | SERVICE CHARGE<br>PAPER STATEMNT FEE                          | -2.00     |          | 3,887.47   |
| Jan 18 | ENDING BALANCE  |           |          | \$3,887.47 |

### Overdraft and Returned Item Fees

|                          | Total For<br>This Period | Total<br>Year To Date |
|--------------------------|--------------------------|-----------------------|
| TOTAL OVERDRAFT FEES     | 0.00                     | 0.00                  |
| TOTAL RETURNED ITEM FEES | 0.00                     | 0.00                  |





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LUBBOCK TX 79408

Account Number  
Statement Date  
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Account Number: XXXXXX8503

7267438503

FOR DEPOSIT ONLY - NO CASH

DATE: 01/14/25

AMOUNT: \$200.00

SIGNATURE: Charles L. Fridge III

TOTAL \$ 200.00

CSO 2 L= 22994

01/14/25

\$200.00

7267438503

FOR DEPOSIT ONLY - NO CASH

DATE: 01/15/25

AMOUNT: \$9,500.00

SIGNATURE: Charles L. Fridge III

TOTAL \$ 9,500.00

CSO 2 L= 22994

01/15/25

\$9,500.00

DEPOSIT TICKET

Virtual Document

Account: 7267438503

Description: Checking Deposit

Amount: \$1,125.00

Name: Charles L. Fridge III

Cash Drawn: 0000

CSO 2 L= 22994

7267438503

01/17/25

\$1,125.00

00000528 0001054 0003-0003





# PlainsCapitalBank

PO BOX 271  
LUBBOCK TX 79408

Account Number  
Statement Date  
Checks/Items Enclosed  
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00000095 TP10635S011025033824 01 000000000 617 002

CHARLES L FRIDGE III  
3000 SMITH ST  
HOUSTON, TX 77006-3441

## Customer Service Information

- Voice Banking**  
1-866-762-7782
- Customer Service:**  
1-866-762-8392
- Visit Us Online:**  
[www.plainscapital.com](http://www.plainscapital.com)

## Protecting Your Account - Avoid Fraud Scams

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## TOTALACCESS ACCOUNT

Account Number: XXXXXX9901

### Balance Summary

|   |                |
|---|----------------|
| <b>Beginning Balance as of 12/09/2024</b> | <b>\$79.47</b> |
| + Deposits and Credits (0)                | 0.00           |
| - Withdrawals and Debits (2)              | 12.00          |
| <b>Ending Balance as of 01/09/2025</b>    | <b>\$67.47</b> |
| Low Balance                               | 79.47          |
| Average Balance                           | 79.47          |
| Average Available Balance                 | 79.00          |

### Transactions

| Date   | Description                       | Debits | Credits | Balance |
|--------|-----------------------------------|--------|---------|---------|
| Dec 09 | BEGINNING BALANCE                 |        |         | 79.47   |
| Jan 09 | SERVICE CHARGE<br>MONTHLY SVC FEE | -10.00 |         | 69.47   |





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PO BOX 271  
LUBBOCK TX 79408

Account Number  
Statement Date  
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### Transactions (Continued)

| Date   | Description        | Debits | Credits | Balance |
|--------|--------------------|--------|---------|---------|
| Jan 09 | SERVICE CHARGE     | -2.00  |         | 67.47   |
|        | PAPER STATEMNT FEE |        |         |         |
| Jan 09 | ENDING BALANCE     |        |         | \$67.47 |

### Overdraft and Returned Item Fees

|                          | Total For<br>This Period | Total<br>Year To Date |
|--------------------------|--------------------------|-----------------------|
| TOTAL OVERDRAFT FEES     | 0.00                     | 0.00                  |
| TOTAL RETURNED ITEM FEES | 0.00                     | 0.00                  |

00000095 0000186 0002-0002

